Background

Pain Management is a Nursing Responsibility
- Variety of tools utilized
- Quality Initiative
- Based upon child’s developmental level
- Proper documentation ensures effective pain management

Purpose

Improve Pediatric Pain Assessment & Documentation
- Based upon NDNQI pain data, and
- Areas of focus

Strategies to Improve Practice
- Hospital wide area of focus
- Units shared “best practices” to disseminate throughout the hospital
- Collection of data over a 3 year period
  - Clinical care
  - Patient safety
- Comprehensive documentation
- Pain Resource Nurse Program Established
  - Unit based champions
  - Monthly meetings to discuss pain management including challenges in clinical practice
  - Identify projects to improve practice
  - Critique literature and share best practice
- Expanded to include other disciplines (e.g. Child Life Specialists)

Strategies to Improve Practice

Revisions to the nursing documentation Patient Care Flow Sheet were made to link pain management data in one area for a more logical flow of information and add coded lists of common pain interventions.

- Evidence review and adoption of the rFLACC as a pain assessment tool for children with cognitive impairment
- Added caregiver specific instructions to prompt nurse/caregiver discussion of child specific pain cues.
- Unit efforts included chart audits with direct, individual coaching to nurses at point of care to improve use of the rFLACC scale.

Results

- Weekly interdisciplinary rounds were initiated to discuss clinical care and specific pain management strategies e.g. pain management for planned complex dressing changes
- The PRN program, modification of pain documentation and unit specific efforts have been instrumental in improving pain management.
- The hospital wide and unit level efforts led to improved completion of AIR cycles and more frequent pain assessments.
- Nursing Grand Rounds on September 30, 2009 highlighted the successful work of CHOP nurses through presentations and posters for the larger CHOP community to review and discuss.
- Ultimately, our efforts toward improved assessment and reassessment translate into improved pain relief for our pediatric patients.

Evaluation

Success is measured by sustained improvement in 2009 quarterly NDNQI reported AIR cycles and an increase in the number of pain assessments initiated in 24 hours/pt.

Implications for Practice

Development of systems, both unit and hospital wide, that allow for intermittent practice review, monthly evidence updates and ongoing interdisciplinary discussion about clinical pain issues as they relate to patient care is key to improvement.

Reference the 2011 NDNQI/ANA monograph.